

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	City Clerk	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			City of San Marcos	
	Date Hand-delivered or Date Postmarked Receipt # Amount \$			Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 28 / 18 10 / 27 / 18			Date Imaged	

6 EXPLANATION OF CORRECTION

Form F4, error, entered total of this form as unitemized total. Should be blank. There should be no unitemized items. No other corrections.

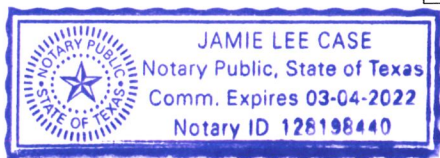
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Jane Hughson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jane Hughson, this the 30th day of October

2018, to certify which, witness my hand and seal of office.

Samie Lee Case
Signature of officer administering oath

Samie Lee Case
Printed name of officer administering oath

City Clerk
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Jane

NICKNAME

LAST

SUFFIX

Hughson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1600 N LBJ Dr.

San Marcos TX 78666

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

396-8107

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Jane

NICKNAME

LAST

SUFFIX

Hughson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY; STATE;

ZIP CODE

1600 N LBJ Dr.

San Marcos, TX 78666

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

512.396.8107

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

28

2018

THROUGH

Month

Day

Year

10

27

2018

11 ELECTION

ELECTION DATE

Month

Day

Year

11

6

2018

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Council member, Place 4,
San Marcos City Council

13 OFFICE SOUGHT (if known)

Mayor, San Marcos City Council

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Jane Hughson

15 Filer ID (Ethics Commission Filers)
NA

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

☐

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 325.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,222.50

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 220.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,354.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 4,960.71

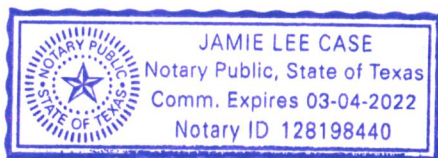
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Jane Hughson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jane Hughson, this the 30th
day of October, 20 18, to certify which, witness my hand and seal of office.

Sam Lee Case
Signature of officer administering oath

Samie Lee Case
Printed name of officer administering oath

City Clerk
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Jane Hughson		20 Filer ID (Ethics Commission Filers) NA
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,850.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 372.50	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,229.46	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,125.03	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME	Jane Hughson	
		3 Filer ID (Ethics Commission Filers) N/A
4 Date 10/1/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Earl	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 2108 Derby Ct San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 10/1/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie Gilbert	Amount of contribution (\$) \$ 75.00
Contributor address; City; State; Zip Code 15 Timbercrest St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 10/1/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Keese	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 405 Oak Ridge Dr San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Agnew	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 716 Belvin St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A
4 Date 10/5/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Baker	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 727 Belvin St San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) physician		10 Employer (See Instructions)
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Germer	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code De Los Santos San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) owner		10 Employer (See Instructions) Germer Insurance Services
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Meeks	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 450 Stagecoach Trail San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Senior Lecturer		10 Employer (See Instructions) Texas State University
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelwyn Moore	Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 809 Belvin San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME	Jane Hughson	
		3 Filer ID (Ethics Commission Filers) N/A
4 Date 10/7/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays County Women's Political Caucus	7 Amount of contribution (\$) \$ 300.00
6 Contributor address; City; State; Zip Code 415 N Guadalupe #420 San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) NA		10 Employer (See Instructions)
Date 10/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Pape	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 400 Blanco St San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)
Date 10/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Wurzbach	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 407 Blanco San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Sr Network Analyst		10 Employer Grande Communications (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2

2 FILER NAME
Jane Hughson

3 Filer ID (Ethics Commission Filers)
NA

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
10/8/18

6 Full name of contributor ☐ out-of-state PAC (ID#:
Sara DeFrain

7 Contributor address; City; State; Zip Code
820 E Bluebonnet Circle San Marcos TX 78666

8 Amount of Contribution \$ 9 In-kind contribution description
\$35.00 food and beverages for Meet/Greet

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
retired

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
10/21/18

Full name of contributor ☐ out-of-state PAC (ID#:
Lea Rice

Contributor address; City; State; Zip Code
104 W. Laurel Lane San Marcos TX 78666

Amount of Contribution \$ In-kind contribution description
\$112.50 food and beverages for Meet/Greet

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Nurse Auditor

Employer (FOR NON-JUDICIAL) (See Instructions)
Humana

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2

2 FILER NAME
Jane Hughson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
10/5/18

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Thea Dake

7 Contributor address; City; State; Zip Code
220 N Johnson San Marcos TX 78666

8 Amount of Contribution \$. 9 In-kind contribution description
\$112.50 food and beverages for Meet/Greet

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Psychiatric Social Worker

11 Employer (FOR NON-JUDICIAL) (See Instructions)
Austin Neuropsychiatric Associates

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
10/5/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Diana Baker

Contributor address; City; State; Zip Code
727 Belvin San Marcos TX 78666

Amount of Contribution \$. In-kind contribution description
\$112.50 food and beverages for Meet/Greet

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
retired

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Jane Hughson		3 Filer ID (Ethics Commission Filers) N/A	
4 Date 10/6/2018		5 Payee name Capital One			
6 Amount (\$) \$ 871.95		7 Payee address; City; State; Zip Code P O Box 60599 City of Industry, CA 91716			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures."	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/6/2018		Payee name Capital One			
Amount (\$) \$ 410.24		Payee address; City; State; Zip Code P O Box 60599 City of Industry, CA 91716			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures."	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/2018		Payee name Office Depot			
Amount (\$) \$ 176.72		Payee address; City; State; Zip Code 201 Springtown Way San Marcos, TX 78666			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Political Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) N/A
4 Date 10/19/2018	5 Payee name Office Depot	
6 Amount (\$) \$ 50.00	7 Payee address; City; State; Zip Code 201 Springtown Way San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/25/2018	Payee name San Marcos Daily Record	
Amount (\$) \$ 283.50	Payee address; City; State; Zip Code 1910 IH 35 San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/25/2018	Payee name The UPS Store	
Amount (\$) \$ 92.02	Payee address; City; State; Zip Code 415 N Guadalupe San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) N/A
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4 Date 10/27/2018	5 Payee name Sams Club MC/SYNCB
----------------------	------------------------------------

6 Amount (\$) \$ 2701.92	7 Payee address; City; State; Zip Code P O Box 960013 Orlando FL 32896-0013
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures."
--------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27/2018	Payee name Sams Club MC/SYNCB
--------------------	----------------------------------

Amount (\$) \$ 423.11	Payee address; City; State; Zip Code P O Box 960013 Orlando FL 32896-0013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures."
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Jane Hughson	3 Filer ID (Ethics Commission Filers) NA
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date
10/18/2018

6 Payee name
Paragon

7 Amount (\$)

\$ 2,701.92

8 Payee address; City; State; Zip Code

10423 McKalla Place Austin, TX 78758

9 TYPE OF
EXPENDITURE

☐ Political

☐ Non-Political

10 PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
10/18/2018

Payee name
SuperCheap Signs

Amount (\$)

\$ 423.11

Payee address; City; State; Zip Code

9200 Waterford Centre Blvd., Suite #100 Austin, TX 78758

TYPE OF
EXPENDITURE

☒ Political

☐ Non-Political

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED